



**COMMANDER, U.S. PACIFIC COMMAND
(USPACOM)
CAMP H.M. SMITH, HAWAII 96861-4028**

USPACOMINST 0219.1
J13
24 Aug 05

USPACOM INSTRUCTION 0219.1

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM (VLTP)

Ref: (a) Title 5, United States Code, Chapter 63
(b) 5 Code of Federal Regulations, Section 630
(c) USPACOMINST 12000.2, Section 406

Encl: (1) Sample Leave Transfer Announcement
(2) Application To Become A Leave Recipient Under the VLTP (Office of Personnel Management Form 630)
(3) Sample VLTP-Recipient Approval
(4) Sample VLTP-Recipient Disapproval
(5) Request to Donate Annual Leave to Leave Recipient (Within Agency) Under the Leave Transfer Program (Office of Personnel Management Form 630-A)
(6) Request to Donate Annual Leave to Leave Recipient (Outside Agency) Under the Leave Transfer Program (Office of Personnel Management Form 630-B)
(7) Sample VLTP-Donor Approval
(8) Sample VLTP-Donor Disapproval
(9) Sample Waiver of Limitation on Annual Leave Donations
(10) Transfer of Leave Records for Leave Recipient Covered by the Voluntary Leave Transfer Program (Office of Personnel Management Form 630-C)
(11) Sample VLTP-Termination
(12) Sample VLTP-Leave Re-Credited

1. Purpose. To provide policy and guidance for administering the Voluntary Leave Transfer Program (VLTP). The program permits the unused accrued annual leave of one employee to be transferred for use by another employee who needs such leave because of a medical emergency.

2. Cancellation. USCINCPACINST 12630.2A

3. Applicability. This instruction applies to appropriated fund civilian positions at HQ USPACOM.

4. Background. On 31 January 1989, the Office of Personnel Management established a voluntary leave transfer program authorized by Public Law 100-566 of 31 October 1988. On 8 October 1993, Public Law 103-103, made the VLTP permanent. This instruction identifies requirements of the VLTP and specifies how they will apply at USPACOM.

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5. Definitions

a. Leave Recipient. A current employee for whom the employing agency has approved a written application to receive annual leave from the annual leave accounts of one or more leave donors.

b. Leave Donor. A current employee whose voluntary written request for transfer of annual leave to the annual leave account of a leave recipient is approved by his or her employing agency.

c. Family Member. The following relatives of the employee: (1) Spouse, and parents thereof; (2) Children, including adopted children, and spouses thereof; (3) Parents; (4) Brothers and sisters, and spouses thereof; and (5) Any individual related by blood or affinity whose close association with the employee is the equivalent of a family relationship.

d. Medical Emergency

(1) A medical condition of an employee or a family member of such employee that is likely to require an employee's absence from duty for a prolonged period of time and to result in a substantial loss of income to the employee because of the unavailability of paid leave and result in at least 24 hours in a nonpay status.

(2) Generally, situations which qualify for coverage under the VLTP are: (a) disabling accidents; (b) long-term illnesses; (c) maternity situations (a "normal" maternity situation constitutes a medical emergency as long as a physician's certification is provided for the duration of the maternity condition); and (d) unusual or unexpected medical problems affecting an employee or affecting an employee's family member and requiring the full attention of the employee (e.g., a temporarily disabled child).

(3) The following situations are not covered by the VLTP: (a) additional leave to care for a newborn or adopted child; (b) absence to undergo or recuperate from elective cosmetic surgery; and (c) absence involving an employee who depleted available leave by abuse or suspected abuse.

6. Responsibility. The Civilian Personnel Branch (J133) will manage the VLTP within HQ USPACOM with responsibility for the following:

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a. Reviewing all applications of potential leave recipients and/or donors to assure compliance with governing criteria and request additional information/documents where necessary.

b. Notifying recipients and/or donors in writing, within ten days (excluding Saturdays, Sundays, and legal holidays), that leave transfer application has been approved or disapproved (with copy furnished to employee's immediate supervisor).

c. Forwarding the leave recipient's and/or donor's approved application to Defense Finance and Accounting Service (DFAS) Charleston for appropriate processing.

d. Notification of a need for leave donors. Notifying employees that a leave transfer application has been approved and how to donate to the appropriate recipient (see enclosure (1)).

e. The J133 shall maintain appropriate copies of recipient's/donor's records with the following information:

(1) The number of applications approved for medical emergencies affecting the employee or employee's family member.

(2) The grade or pay level of each leave recipient and leave donor and the gender of each leave recipient/donor.

(3) The total amount of annual leave transferred to each leave recipient's annual leave account.

7. Procedures

a. Application to Become a Leave Recipient.

(1) An employee who has been affected by a medical emergency which will be (or is expected to be) at least 24 hours in duration and which will result in the employee being in a non-pay status for at least 24 hours may submit a written application using the form at enclosure (2). If an employee is not capable of making application on his/her own behalf, a personal representative may submit the application on his/her behalf.

(2) To be a leave recipient, annual leave and sick leave, accrued or accumulated, must be exhausted before any transferred annual leave may be used.

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(3) An employee whose medical emergency is based on the sickness or disability of a family member must first exhaust the amount of accumulated sick leave permitted under the Federal Employees Family Friendly Leave Act to care for a family member before being eligible for donated leave.

(4) Submission will be made to the employee's immediate supervisor who will review the application to determine that the employee meets eligibility requirements. The supervisor will also review the application for completeness/accuracy, ensuring:

(a) All the information required by the form is provided (e.g., the specific amount of leave needed; social security number, etc.).

(b) Certification from a physician, or other appropriate expert, with respect to the medical emergency.

(c) The employee's last LES is attached reflecting the employee's current leave balances.

(d) Any additional information that may pertain.

(5) Supervisor will sign the bottom portion of the application form and will then forward it to J133 for final approval and submission to DFAS.

(6) J133 shall forward approved applications of the leave recipient/donor to the recipient's servicing payroll office.

b. Approval of Application to Become a Leave Recipient. If the potential leave recipient's application is approved, J133 shall notify the recipient (or the personal representative who made application on behalf of the leave recipient), in writing (see enclosure (3)), of the following:

(1) That the application is approved.

(2) The leave recipient's responsibility to provide documentation monthly (unless a more frequent time period is determined to be necessary), to support the continuation of the medical emergency.

(3) The conditions under which the medical emergency terminates.

c. Disapproval of Application to Become a Leave Recipient. If the application is not approved, J133 will notify the applicant

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(or the personal representative who made application on behalf of the applicant) of such, in writing (see enclosure (4)), with a copy provided to the immediate supervisor, stating the reason(s) for the disapproval.

d. Application to Become a Leave Donor.

(1) Enclosure (5) (Office of Personnel Management Form 630-A, Request to Donate Annual Leave to Leave Recipient (Within Agency) Under the Leave Transfer Program) shall be used by employees who wish to donate annual leave to an approved leave recipient within the Department of the Navy (DON).

(2) Enclosure (6) (Office of Personnel Management Form 630-B, Request to Donate Annual Leave to Leave Recipient (Outside Agency) Under the Leave Transfer Program) shall be used by employees who wish to donate annual leave to an approved leave recipient outside the DON.

(3) The transfer request must specify the number of hours of annual leave to be transferred and the name of the approved recipient. A copy of the employee's most recent LES should also be attached to the request.

(4) The written application will be submitted to the employee's immediate supervisor, who will review the application for completeness and accuracy, and determine if the employee meets eligibility requirements, prior to forwarding the request to J133 for approval.

(5) The supervisor shall ensure: (a) annual leave is available to be transferred, (b) the amount of leave requested for transfer does not exceed the limitations imposed, and (c) the leave recipient is not the leave donor's immediate supervisor. The following chart provides maximum allowable donation of hours per leave year:

| ACCRUAL HOURS PER PAY PERIOD | MAXIMUM ALLOWABLE DONATION OF HOURS PER PAY YEAR |
|------------------------------------|--|
| 4 | 52 |
| 6 | 78 |
| 8 | 104 |

e. Approval of Application to Become a Leave Donor. If the potential leave donor's application is approved, J133 shall notify the leave donor, in writing (see enclosure (7)), of:

(1) The limitations on donation of annual leave.

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(2) The number of hours of his or her annual leave which will be transferred.

(3) His or her entitlement to have a portion of the unused transferred annual leave restored to his or her annual leave account at the termination of the leave recipient's medical emergency.

f. Disapproval of Application to Become a Leave Donor. If the application is not approved, J133 will notify the leave donor, in writing (see enclosure (8)), with a copy provided to the immediate supervisor, stating the reason(s) for the disapproval.

g. Transfer of Annual Leave To and From Other Agencies. The same procedures set forth in 7d above will apply, and then the approved application (including a copy of the most current LES), shall be forwarded by J133 to the appropriate leave recipient's/donor's employing and payroll agency.

(1) An employee desiring to donate leave to a leave recipient employed by another federal agency will submit a written request using the form at enclosure (6).

(2) J133 shall accept donations of annual leave from donors employed by other agencies if one of the following conditions is met:

(a) A family member of an approved leave recipient is employed by another agency and requests the transfer of annual leave to the leave recipient.

(b) In the judgment of J133, the amount of annual leave transferred from leave donors employed at HQ USPACOM may not be sufficient to meet the needs of the leave recipient.

(c) In the judgment of J133, acceptance of leave transferred from another agency would further the purpose of the VLTP.

8. Considerations

a. Accrual of Annual and Sick Leave. While a leave recipient is using transferred leave, he/she will earn annual and sick leave at the same rate as if the employee were in a paid leave status, except that the maximum amount of annual and sick leave a leave recipient may accrue while using transferred leave is limited to five days (40 hours) of annual and five days (40 hours) of sick leave.

b. Limitations on Donation of Annual Leave

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(1) A leave donor cannot donate more than one-half the annual leave he/she would accrue during the leave year in which donation is made. Additionally, a leave donor cannot (a) donate leave to an immediate supervisor in the direct chain of command; or (b) donate leave that is certain to be forfeited because he/she does not have enough hours of scheduled work left in the leave year to permit it to be used (i.e., a donor may donate only the number of hours remaining in the leave year (as of the date of the transfer) for which the leave donor is scheduled to work and receive pay). When a leave donor wishes to donate leave from the current leave year's account, the donation form must be received by the end of the leave year.

(2) J133 is delegated the authority to approve waivers of the limitations on annual leave donations as specified above. Requests for waivers shall be a separate written statement signed by the donor which certifies the donor is aware that the request exceeds the limitations and describes the unusual circumstances inherent in the request. The approved waiver request, along with the donor's application, shall be forwarded to the donor's DFAS Payroll Office and the leave recipient's agency (if other than HQ USPACOM) (see enclosure (9)).

c. Grievance Rights. Employees whose applications to become leave recipients or donors that have been disapproved may grieve the decision using the DON Administrative Grievance Procedure.

d. Use of Transferred Annual Leave

(1) Enclosure (10) must be used by the servicing payroll office when a current leave recipient transfers to another agency without a break in service.

(2) Annual leave shall be transferred in increments of one hour.

(3) A leave recipient may use transferred annual leave, as if he/she had accrued the leave, for the purpose of a medical emergency for which the leave recipient was approved. If the medical emergency continues after the leave recipient transfers to another agency all transferred leave, may be used as appropriate. Transferred annual leave will not be the basis for a lump-sum payment upon separation of the leave recipient. An employee may not "buy-back" leave for any period that donated leave was used.

(4) Transferred annual leave may be substituted retroactively for periods of leave without pay (LWOP) or used to

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liquidate an indebtedness for advanced annual or sick leave granted on or after the date designated by J133 as the beginning of the medical emergency.

e. Termination of Medical Emergency

(1) The medical emergency affecting a leave recipient shall terminate:

(a) When the leave recipient's federal employment is terminated.

(b) At the end of the biweekly pay period in which the leave recipient's employing command or activity receives written notice from the leave recipient (or from a personal representative of the leave recipient) that the leave recipient is no longer affected by a medical emergency.

(c) At the end of the biweekly pay period in which the leave recipient's employing command or activity receives written notice that the Office of Personnel Management (OPM) has approved an application for disability retirement for the leave recipient.

(2) Supervisors will continuously monitor the status to ensure that the leave recipient continues to be affected by a medical emergency. When the medical emergency terminates, no further requests for transfer of annual leave to the leave recipient may be granted.

(3) Upon termination of a leave recipient's medical emergency, J133 shall notify, in writing (see enclosures (11) and (12)):

(a) The leave recipient and his/her servicing payroll office of the termination of the medical emergency.

(b) All donors entitled to leave restoration, and their servicing payroll offices, of the amount of transferred annual leave to be restored to the leave donors' accounts (as computed by the leave recipient's servicing payroll office); and of the possibility of forfeiture of the restored annual leave.

f. Restoration of Transferred Annual Leave. At the election of the leave donor, unused transferred annual leave restored to the leave donor may be restored by:

(1) Crediting the restored annual leave to the leave donor's annual leave account in the current leave year.

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(2) Crediting the restored annual leave to the leave donor's annual leave account effective as of the first day of the first leave year beginning after the date of election.

(3) Donating such leave in whole or part to only another approved leave recipient. A new leave donor application must be completed and a copy of the servicing payroll office notification of leave to be restored must be attached.

g. Prohibition of Coercion. An employee may not directly or indirectly intimidate, threaten, or coerce, or attempt to intimidate, threaten, or coerce any other employee for the purpose of interfering with any rights such employee may have with respect to donating, receiving, or using annual leave ("intimidate, threaten, or coerce" includes promising to confer or conferring any benefit (such as an appointment or promotion or compensation), or effecting or threatening to effect any reprisal (such as deprivation of appointment, promotion, or compensation)).

h. Federal Income Tax Implications for Leave Donors and Recipients. Internal Revenue Service Ruling 90-29, provides for treating the income received from the use of donated annual leave as taxable to the leave recipient. The ruling also concludes that a leave donor does not incur a deductible expense or loss upon the surrender of the leave or its use by a leave recipient.

9. Action. Directorate/staff agency heads will ensure the information contained in this instruction is disseminated to appropriate personnel.

10. Forms. Enclosures (2), (5), (6) and (10) may be reproduced locally or are available on the J133 website.



W. V. ALFORD, JR.
Rear Admiral, USN
Chief of Staff

Distribution: (USPACOMINST 5605.1P)

List IA (less 3, 5, 9, 10)

List IB (1 and 2)

J001

J01

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SAMPLE LEAVE TRANSFER ANNOUNCEMENT

MEMORANDUM

From: J1334 (Name of Customer Service Representative (CSR))
Via: Staff Agency Timekeepers
To: All Civilian Personnel

Subj: LEAVE TRANSFER ANNOUNCEMENT

1. Please post for 30 days and disseminate the following Voluntary Leave Transfer Program (VLTP) announcement to all of your civilian employees. Mahalo!

PLEASE POST FOR 30 DAYS

| | |
|------------------------------|-------------------------|
| ISSUE DATE: (Beginning Date) | FILING DATE: (End Date) |
|------------------------------|-------------------------|

TO ALL CIVILIAN PERSONNEL:

(Name of Leave Recipient) has been affected by a personal emergency resulting in absences from work. These absences have resulted in a situation in which the employee is facing serious economic consequences because of the unavailability of paid leave. (Name of Leave Recipient) applied for consideration under the Voluntary Leave Transfer Program and his/her application to become a leave recipient was approved.

FILING INFORMATION:

1. If you are interested in donating annual leave to this employee, contact J1334 for a Leave Donor Application. Submit Leave Donor Application (along with a copy of your most current Leave and Earnings Statement (LES)) to your supervisor who will ensure that annual leave is available for transfer. Submit completed form and LES to J1334 for further processing.

2. Once approved, the payroll office will be notified of the leave transfer arrangement and the number of hours to be transferred to the leave recipient's leave account.

Enclosure (1)

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Subj: LEAVE TRANSFER ANNOUNCEMENT

3. If the leave donor's application is disapproved, J133 will notify applicants in writing of the reasons for the disapproval.

ANNUAL LEAVE RESTORATION INFORMATION:

Upon termination of the leave recipient's personal emergency, any transferred annual leave remaining to his/her credit will be restored to the annual leave accounts of the leave donor currently employed by a Federal agency and subject to Chapter 63 to Title 5, U.S.C. on the date the personal emergency terminates.

2. For additional information (or to obtain a Leave Donor Application or refer to USPACOMINST 0219.1 concerning the Voluntary Leave Transfer Program) contact (Name of CSR) (J1334), Civilian Personnel Branch at 477-1001.

Very respectfully,

(Name of CSR)
Civilian Program
Management Specialist

**Application to Become a Leave Recipient
Under the Voluntary Leave Transfer Program**

| | | | |
|--|--------------|---|--|
| 1. Applicant's name (Last, first, middle) | | 2. Social Security Number | 3. Employee Number |
| 4a. Position title | 4b. Pay plan | | 4c. Grade/pay level |
| 5. Name of organization (Agency, Department, Office, Division, Branch, etc.) | | | 6. Office telephone number |
| 7. Nature and severity of the medical emergency | | | |
| 8. Individual affected by medical emergency (check one) <input type="checkbox"/> Employee <input type="checkbox"/> Employee's family member | | 9. Date medical emergency began | 10. Date medical emergency ended (or is expected to end) |
| 11. Name of physician who will verify the medical emergency. (Attach documentation from the physician (or other appropriate expert) showing the diagnosis, prognosis and duration of illness.) | | | |
| 12. What is the applicant's annual and sick leave balances as of end of last pay period? Annual leave balance → <input style="width: 50px;" type="text"/> Sick leave balance → <input style="width: 50px;" type="text"/> | | 13. How many hours of leave without pay have been used for this medical emergency? Hours → <input style="width: 50px;" type="text"/> | |
| 14. Provide a description of the medical emergency to be distributed to servicing personnel offices so that other employees may donate annual leave to the applicant. <input type="checkbox"/> Check box if applicant does not want a description distributed. <input type="checkbox"/> Check box if applicant does not wish to have name used with the description or disclosed to anyone except the supervisor, the supervisory channel and the deciding official, and individuals who maintain the program. | | Description of medical emergency | |
| 15a. Name of individual completing application (If applying on behalf of the applicant) | | 15b. Relationship to applicant | 15c. Telephone number (area code) |
| 16a. I certify that the above statements are true. (Signature of applicant or individual applying on behalf of applicant) | | | 16b. Date signed |
| Privacy Act Statement Participation in this program is voluntary; however, solicitation of this information is authorized under 5 U.S.C. 6332. The information furnished will be used to identify records properly associated with the transfer of annual leave. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the Government is party to a suit. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes. | | | |
| 17. First level supervisor's recommendation <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature _____ Date signed _____ | | 18. Deciding official's decision <input type="checkbox"/> Approve <input type="checkbox"/> Disapprove Signature _____ Date signed _____ | |

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SAMPLE VLTP-RECIPIENT APPROVAL

MEMORANDUM

To: (Organization Code and Name of Leave Recipient)

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM-RECIPIENT APPROVAL

Ref: (a) Your Application of (Date)
(b) USPACOMINST 0219.1

1. I have approved your application (reference (a)) to become a leave recipient. We will publicize the request for donations of annual leave throughout HQ USPACOM. If the donated annual leave through this publicity is insufficient to meet your needs, we will extend your request to other local Department of the Navy activities.

2. Your medical emergency will terminate when any of the following conditions apply:

- a. Upon termination of your employment with the Navy.
- b. When we have made a determination that you are no longer affected by a medical emergency.

c. If the Office of Personnel Management approves your application for disability retirement.

3. You will be responsible for providing documentation monthly to your immediate supervisor to support the continuation of the medical emergency.

4. I regret the situation that has made your request necessary, and I urge you to contact (Name of CSR) (J1334), Civilian Personnel Branch at 477-1001, if you have any questions or require additional information.

(Name of J133)
Chief, Civilian Personnel Branch
Manpower, Personnel, and
Administration Directorate

Copy to:
Supervisor
DFAS-Charleston (with application and LES)

Enclosure (3)

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SAMPLE VLTP-RECIPIENT DISAPPROVAL

MEMORANDUM

To: (Organization Code and Name of Employee)

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM-RECIPIENT DISAPPROVAL

Ref: (a) Your Application of (Date)
(b) USPACOMINST 0219.1

1. Although due consideration has been given to your request, this is to advise you that I have disapproved your application (reference (a)) to become a leave recipient.

2. The following information is furnished in support of this disapproval:

a. (Give the specific reason for disapproval).

b. (Continuation of reasons).

3. You have the right to grieve this decision by using the Department of the Navy (DON) Administrative Grievance Procedure.

4. If you have any questions regarding this matter, contact (Name of CSR) (J1334), Civilian Personnel Branch at 477-1001.

(Name of J133)
Chief, Civilian Personnel Branch
Manpower, Personnel, and
Administration Directorate

Copy to:
Supervisor

**Request to Donate Annual Leave to Leave Recipient
Under the Voluntary Leave Transfer Program**

*Within
Agency*

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit annual leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of annual leave I am transferring also is not more than half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused leave remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 of title 5, United States Code.

I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

To Be Completed By Leave Donor

| | | | |
|---|--|---|-----------------------------|
| 1. Name (<i>Last, first, middle</i>) | | 2. Social Security Number | 3. Employee Number |
| 4a. Position title | | 4b. Pay plan | 4c. Grade/pay level |
| 5a. Name of organization (Agency, Department, Office, Division, Branch, etc.) | | | 5b. Office telephone number |
| 6. Amount of annual leave accrued as of end of last pay period | 7. Amount of leave projected to forfeit this leave year as of end of last pay period | 8. Amount of annual leave to be transferred | |
| 9. Individual's name or identification number to whom leave is being donated | | | |
| 10a. Signature | | | 10b. Date signed |

Privacy Act Statement

Participation in this program is voluntary; however, solicitation of this information is authorized under 5 U.S.C 6332. The information furnished will be used to identify records properly associated with the transfer of annual leave. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the Government is party to a suit. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

**Request to Donate Annual Leave to Leave Recipient
Under the Voluntary Leave Transfer Program**

*Outside
Agency*

I request that annual leave be transferred to the leave account of an approved leave recipient. This recipient is not my immediate supervisor. As of the date indicated below, I have enough annual leave in my account to cover this amount. I understand that if I am projected to forfeit annual leave during this leave year, the amount of leave I am transferring may not exceed the number of hours remaining in the leave year for which I am scheduled to work. The amount of annual leave I am transferring also is not more than half the hours I will earn this year.

I understand that my decision to transfer leave is not revocable. If a sufficient balance of unused donated leave remains after the recipient's medical emergency has terminated, I can elect to have a pro-rated share returned to me during either the current leave year or the following leave year, or I can elect to donate my pro-rated share to another leave recipient. However, to do so, I must remain employed by a Federal agency and be subject to chapter 63 of title 5, United States Code. I have not been directly or indirectly intimidated, threatened or coerced, or promised any benefit by any employee for the purpose of donating or using leave.

Part A - To Be Completed By Leave Donor

| | | | | | |
|--|--------------|--|---|---|--|
| 1. Name (<i>Last, first, middle</i>) | | 2. Social Security Number | | 3. Employee Number | |
| 4a. Position title | 4b. Pay plan | 4c. Grade/pay level | 5. Relationship of leave donor to leave recipient (<i>if any</i>) | | |
| 6. Leave donor's agency (<i>Agency, Department, Office, Division, Branch, etc.</i>) | | | | | |
| 7. Amount of annual leave accrued as of end of last pay period | | 8. Amount of leave projected to forfeit this leave year as of end of last pay period | | 9. Amount of annual leave to be transferred | |
| 10. Leave recipient's name, agency, agency's address, organization (<i>Agency, Department, Office, Division, Branch, etc.</i>) | | | | | |
| 11a. Leave donor's signature | | | | 11b. Date signed | |

Privacy Act Statement

Participation in this program is voluntary; however, solicitation of this information is authorized under 5 U.S.C 6332. The information furnished will be used to identify records properly associated with the transfer of annual leave. It may also be disclosed to a national, State, or local law enforcement agency where there is an indication of a violation or potential violation of civil or criminal law, rule, or regulation; or to another agency or court when the Government is party to a suit. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal Government furnish a social security number or tax identification number. This is an amendment to title 31, Section 7701. Furnishing the social security number, as well as other data, is voluntary, but failure to do so may delay or prevent action on the application. If your agency uses the information furnished on this form for purposes other than those indicated above, it may provide you with an additional statement reflecting those purposes.

Part B - To Be Completed By Employing Agency of Leave Donor

Upon completion and approval of this form, forward a copy to the leave recipient's employing agency as soon as possible so that the transfer of leave can take place.

| | | | |
|--|--|--|--|
| 12. Enter the amount of annual leave to be credited to the leave recipient's annual leave account | | 13. If the agency is waiving the maximum limitations for leave donation under the voluntary leave transfer program, describe the special circumstance that warrants the waiver | |
| 14a. Name of agency contact who can provide further information | | 14b. Telephone number | |
| 15. Certification: I certify that the leave donor currently has sufficient annual leave in his/her annual leave account to make a donation of the requested amount of annual leave and that the amount of the donation does not exceed the maximum limitations for leave donation under the voluntary leave transfer program. | | | |
| 15a. Signature of authorizing official | | 15b. Date Signed | |

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SAMPLE VLTP-DONOR APPROVAL

MEMORANDUM

To: (Organization Code and Name of Leave Donor)

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM-DONOR APPROVAL

Ref: (a) Your Application of (Date)
(b) USPACOMINST 0219.1

1. I have approved your application (reference (a)) to become a leave donor, and (Number of Hours) hours of your annual leave will be transferred to (Name/Address of Recipient).

2. Donations of annual leave are subject to the following limitations as directed by reference (b):

a. In any one leave year, you may donate no more than a total of one-half of the amount of annual leave you would be entitled to accrue during the leave year in which the donation is made.

b. If you are projected to have annual leave that otherwise would be subject to forfeiture at the end of the leave year under Title 5, U.S.C. 6304(a) you may donate no more than the number of hours remaining in the leave year (as of the date of the transfer) for which you are scheduled to work and receive pay.

3. Upon termination of the leave recipient's medical emergency, any transferred annual leave remaining to the credit of the leave recipient will be restored by transfer to the annual leave accounts of leave donors subject to Chapter 63 of Title 5, U.S.C. on the date the emergency terminates. You, as the leave donor, may elect to have unused transferred annual leave restored by: crediting the restored annual leave to your account in the current year; crediting the restored annual leave to your account effective as of the first day of the first leave year beginning after the date of election; or donating the leave in whole or in part to another recipient.

Enclosure (7)

USPACOMINST 0219.1

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4. For additional information contact (Name of CSR) (J1334),
Civilian Personnel Branch at 477-1001.

(Name of J133)
Chief, Civilian Personnel Branch
Manpower, Personnel, and
Administration Directorate

Copy to:
Supervisor
DFAS-Charleston (with application and LES)

24 Aug 05

SAMPLE VLTP-DONOR DISAPPROVAL

MEMORANDUM

To: (Organization Code and Name of Employee)

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM-DONOR DISAPPROVAL

Ref: (a) Your Application of (Date)
(b) USPACOMINST 0219.1

1. Although due consideration has been given to your request, this is to advise you that I have disapproved your application (reference (a)) to become a leave donor.

2. The following information is furnished in support of this disapproval:

a. (Give the specific reason for disapproval).

b. (Continuation of reasons).

3. You have the right to grieve this decision by using the Department of the Navy (DON) Administrative Grievance Procedure.

4. If you have any questions regarding this matter, contact (Name of CSR) (J1334), Civilian Personnel Branch at 477-1001.

(Name of J133)
Chief, Civilian Personnel Branch
Manpower, Personnel, and
Administration Directorate

Copy to:
Supervisor

24 Aug 05

SAMPLE WAIVER OF LIMITATION ON ANNUAL LEAVE DONATIONS

MEMORANDUM

From: (Organization Code and Name of Employee)

To: J1334 (Name of CSR)

Encl: (1) Office of Personnel Management Form 630-A of (Date)

Subj: WAIVER OF LIMITATION ON ANNUAL LEAVE DONATIONS

1. I am aware that the leave I am requesting to donate via enclosure (1) exceeds the limits specified.

2. The following information is furnished in support of this request:

a. (Give the specific reason for request).

b. (Continuation of reasons).

3. Request waiver of the limitations to donate annual leave.

(Employee's Signature/Date)

 / The above waiver is approved.

 / The above waiver request is disapproved for the following reason(s):

(Supervisor's Signature/Date)

USPACOMINST 0219.1

24 Aug 05

 / The above waiver is approved.

 / The above waiver request is disapproved for the following
reason(s) :

(J133's Signature/Date)

Copy to:
Employee
Supervisor

24 Aug 05

**Transfer of Leave Records for Leave Recipient
Covered by the Voluntary Leave Transfer Program**

Agencies must use this form for the purpose of recording the status of a current leave recipient under the voluntary leave transfer program (authorized under 5 U.S.C.6332) when he or she transfers to another Federal agency without a break in service. The employing agency from which the employee is transferring must complete this form and forward it to the employing agency to which the employee is transferring.

To Be Completed By Transferring Agency

| | | | | |
|--|---|---|--|---|
| 1. Name of current leave recipient (<i>Last, first, middle</i>) | | | 2. Social Security Number | |
| 3. Date medical emergency began | 4. Date medical emergency terminated (<i>if applicable</i>) | 5. Date employee was approved to become a leave recipient | | 6. Effective date of separation (<i>transfer</i>) |
| 7. Total hours of annual leave donated to leave recipient as of the date of separation | | 8. Total hours of donated annual leave used by the leave recipient as of the date of separation | 9. Total hours of unused donated annual leave as of the date of separation | |
| 10. Remarks - Provide a list of all employees who donated annual leave to the leave recipient, including the total amount of annual leave donated by each employee | | | | |
| 11a. Individual's name who can provide further information | | | 11b. Telephone number | |
| 12a. Authorizing official's typed name | | | 12b. Title | |
| 12c. Signature | | | 12d. Date Signed | |

24 Aug 05

SAMPLE VLTP-TERMINATION

MEMORANDUM

To: (Organization Code and Employee's Name)

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM-TERMINATION

Ref: (a) Your VLTP Termination Memorandum of (Date)
(b) USPACOMINST 0219.1

1. This memorandum is to officially notify you that your medical emergency has ended, as indicated by reference (a). Therefore, you no longer meet the eligibility requirements to be a recipient in the Voluntary Leave Transfer Program.

2. In accordance with reference (b), any unused leave that was donated to you must be re-credited to the donors' leave account. Therefore, the (Number of Hours) hours of donated leave will be restored by transfer to the annual leave account of the leave donor subject to Chapter 63 of Title 5, U.S.C. on the date the emergency terminated.

3. For additional information contact (Name of CSR) (J1334), Civilian Personnel Branch at 477-1001.

(Name of J133)
Chief, Civilian Personnel Branch
Manpower, Personnel, and
Administration Directorate

Copy to:
Supervisor
DFAS-Charleston (with application and LES)

24 Aug 05

SAMPLE VLTP-LEAVE RE-CREDITED

MEMORANDUM

From: J1334 (Name of CSR)

To: (Organization Code and Employee's Name)

Subj: VOLUNTARY LEAVE TRANSFER PROGRAM-LEAVE RE-CREDITED

Ref: (a) Your Application of (Date)

(b) USPACOMINST 0219.1

1. This memorandum is to officially notify you that (Employee's Name)'s medical emergency has ended and he/she no longer meets the eligibility requirements to be a recipient in the Voluntary Leave Transfer Program.

2. In accordance with reference (b), any unused leave that was donated to (Employee's Name) must be re-credited to the donors' leave account. Therefore, (Number of Hours) hours of donated leave has been restored by transfer to your annual leave account (subject to Chapter 63 of Title 5, U.S.C.) as of pay period ending (Date).

3. For additional information contact (Name of CSR) (J1334), Civilian Personnel Branch at 477-1001.

Very respectfully,

(Name of CSR)
Civilian Program Management
Specialist